

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | 2 | | |
| O.I.P.E. CLASSIFIER | | 10 | 10-15-01 |
| FORMALITY REVIEW | BM | 1073 | 1925/01 |
| RESPONSE FORMALITY REVIEW | LC | 825 | 1/12/02 |
| | | 1024 | 3-25-02 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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